



Your Guide to Medicare's Preventive Services

CENTERS FOR MEDICARE & MEDICAID SERVICES



This is the official government booklet with important information about the following:

- What disease prevention is and why it's important
- Which preventive services Medicare covers and how often
- Who can get services
- What you pay – many preventive services are free in 2011

Now is the time to get the most out of your Medicare. The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle and prevent disease by exercising, eating well, keeping a healthy weight, and not smoking. Medicare can help. Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases. Preventive services include exams, shots, lab tests, and screenings. They also include programs for health monitoring, and counseling and education to help you take care of your own health.

New in 2011

The Affordable Care Act makes many improvements to Medicare. If you have Original Medicare, you will now be able to get a yearly “Wellness” exam and many preventive services for free.

Whether it's online, in person, or on the phone, Medicare is committed to helping people get the information they need to make smart choices about their Medicare benefits.

MyMedicare.gov

Visit www.MyMedicare.gov to get direct access to your preventive health information—24 hours a day, every day. You can track your preventive services, get a two-year calendar of the Medicare-covered tests and screenings you're eligible for, and print a personalized “on the go” report to take to your next doctor's appointment. Visit the Web site, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

How can this booklet help me?

This booklet covers both preventive services, and services that help keep certain illnesses from getting worse. The services listed in this booklet are covered if you have Medicare Part B (Medical Insurance). However, the amount you pay for these services varies depending on whether you get your Medicare benefits through Original Medicare (sometimes called fee-for-service) or through a Medicare Advantage Plan (like an HMO or PPO). This booklet explains the way preventive services are covered if you have Part B under Original Medicare. If you get your health care coverage through a Medicare Advantage Plan, call your plan for more information.

Note: The information in this booklet was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

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SECTION

Introduction

What can you do to help prevent illness?

You can stay healthy, live longer, and delay or prevent many diseases by doing the following:

Exercising—Do any physical activity you enjoy for 20–30 minutes, 5 or 6 days a week. Talk to your doctor about the right exercise program for you.

Eating well—Eat a healthy diet of different foods, like fruits, vegetables, protein (such as meat, fish, or beans), and whole grains (such as brown rice). You should also limit the amount of saturated fat you eat.

Keeping a healthy weight—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.

Not smoking—If you smoke, talk with your doctor about getting help to quit.

Get preventive services—Delay or lessen the effects of diseases by getting preventive services (like screening tests) to find disease early, and shots to keep you from getting dangerous illnesses.

Talk to Your Doctor or Health Care Provider

In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn't cover. Your doctor or health care provider may also recommend that you have tests more or less often than Medicare covers them. Medicare also pays for some diagnostic tests. A diagnostic test may be recommended when a screening test or physical exam shows an abnormality. In some cases, you may have to pay for these services.

Talk to your doctor or health care provider to find out how often you need these exams to stay healthy. If a service you get isn't covered and you think it should be, you may appeal this decision. To file an appeal, follow the instructions on your Medicare Summary Notice (MSN). The MSN is an easy-to-read statement that clearly lists your health insurance claims information. For more information on filing an appeal, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov. TTY users should call 1-877-486-2048.

Things to know when reading this booklet

Symbols

You will see one of the following symbols next to each preventive service. It tells you for whom Medicare covers the service or test.



Men only



Women only



Men and Women

Things to know when reading this booklet (continued)

Risk Factors

You will also see lists of factors that increase your risk of developing a certain disease. If you're not sure if you're at high risk, talk to your doctor.

Part B Deductible

The Part B deductible in 2011 is \$162. This amount may change yearly.

Medicare-approved Amount

In Original Medicare, this is the amount a doctor or supplier can be paid, including what Medicare pays, and any deductible, coinsurance or copayment that you pay. It may be less than the actual amount a doctor or supplier charges. (If you get your services from a doctor or supplier who doesn't accept assignment, you might pay more.)

Drug Coverage

Medicare Part D covers prescription drugs that may help you treat a disease or condition found by preventive screening tests, like high cholesterol. You can review and compare the cost, coverage, and customer service of Medicare drug plans by visiting www.medicare.gov. Generally, you can join a Medicare drug plan between October 15–December 7. Your coverage will begin on January 1 of the following year. You can also get personalized help at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



SECTION

2 Preventive Services

One-time “Welcome to Medicare” Physical Exam



Medicare covers a one-time preventive physical exam within the first 12 months that you have Medicare Part B. This exam is called the “Welcome to Medicare” physical. This exam includes a review of your medical and social history related to your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. The exam is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

What happens during the exam?

During the exam, your doctor will do the following:

- Record your medical history.
- Check your height, weight, and blood pressure.
- Calculate your body mass index.
- Give you a simple vision test.

One-time “Welcome to Medicare” Physical Exam (continued)

Depending on your general health and medical history, further tests may be ordered. You will get advice to help you prevent disease, improve your health, and stay well. You will also get a written plan (like a checklist) letting you know which screenings and other preventive services you need.

People at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their “Welcome to Medicare” physical exam. If you have a family history of abdominal aortic aneurysms, or you’re a man age 65 to 75 and you have smoked at least 100 cigarettes in your lifetime, you’re considered at risk. You pay nothing for this screening ultrasound.

What should I bring to the exam?

When you go to your “Welcome to Medicare” physical exam, bring the following items:

- Your medical records, including immunization records (if you’re seeing a new doctor). Call your old doctor to get copies of your medical records.
- Your family health history—try to learn as much as you can about your family’s health history before your appointment. Any information you can give your doctor can help determine if you’re at risk for certain diseases.
- A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why.

Who is covered, and how often is it covered?

This exam is only covered one time, and you must have the exam within the first 12 months you’re enrolled in Part B.

Your costs if you have Original Medicare.

You pay nothing if your doctor accepts assignment.



Yearly “Wellness” Exam

Starting January 1, 2011, if you’ve had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes the following:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare.

You pay nothing for this exam if your doctor accepts assignment.

You don’t need to have had a “Welcome to Medicare” physical exam before getting a yearly Wellness visit if you’ve already had Medicare Part B for at least 12 months, but if you do get the “Welcome to Medicare” physical exam during your first year, you’ll have to wait 12 months before you can get your first yearly “Wellness” visit.



Cardiovascular Screening

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet and increasing your activity level or exercising more often) to lower your cholesterol and stay healthy.

Who is covered?

All people with Medicare.

What is covered?

Tests for cholesterol, lipid, and triglyceride levels.

How often is it covered?

Once every 5 years.

Your costs if you have Original Medicare.

You pay nothing if your doctor or health care provider accepts assignment.



Breast Cancer Screening (Mammograms)

Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Medicare covers screening mammograms and digital technologies to check for breast cancer before you or a doctor may be able to find it manually.

Who is covered?

Women age 40 and older are eligible for a screening mammogram every 12 months. Medicare also covers one baseline mammogram for women between ages 35 and 39.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for the test if the doctor accepts assignment.

Are you at high risk for breast cancer?

Your risk of developing breast cancer increases if any of the following are true:

- You had breast cancer in the past.
- You have a family history of breast cancer (like a mother, sister, daughter, or two or more close relatives who have had breast cancer).
- You had your first baby after age 30.
- You have never had a baby.



Cervical and Vaginal Cancer Screening

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer.

Who is covered?

All women with Medicare.

How often is it covered?

Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past 3 years.

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for Pap test specimen collection, or the pelvic and breast exams if the doctor accepts assignment.

Are you at high risk for cervical cancer?

Your risk for cervical cancer increases if any of the following are true:

- You have had an abnormal Pap test.
- You have had cervical or vaginal cancer in the past.
- You have a history of sexually transmitted disease (including HIV infection).
- You began having sex before age 16.
- You have had many sexual partners.
- Your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you.



Colorectal Cancer Screening

Colorectal cancer is usually found in people age 50 or older, and the risk of getting it increases with age. Medicare covers colorectal screening tests to help find pre-cancerous polyps (growths in the colon) so they can be removed before they become cancerous and to help find colorectal cancer at an early stage. Treatment works best when colorectal cancer is found early.

Who is covered?

All people with Medicare age 50 and older, but there is no minimum age for having a screening colonoscopy.

How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months.
- **Flexible Sigmoidoscopy**—Once every 48 months after the last flexible sigmoidoscopy or barium enema; or 120 months after a previous screening colonoscopy.
- **Screening Colonoscopy**—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.
- **Barium Enema**—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Your costs if you have Original Medicare.

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy, if your doctor accepts assignment.

For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services with no Part B deductible. If it's done in a hospital outpatient setting, you pay a copayment.

Are you at high risk for colorectal cancer?

Risk for colorectal cancer increases with age. It's important to continue with screenings, even if you were screened before you had Medicare. Your risk for colorectal cancer increases if any of the following are true:

- You have had colorectal cancer before, even if it has been completely removed.
- You have a close relative, such as a sister or brother, parent or child, who had colorectal polyps or colorectal cancer.
- You have a history of polyps.
- You have inflammatory bowel disease (like ulcerative colitis or Crohn's disease).



Prostate Cancer Screening

Prostate cancer may be found by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer may be found is when your doctor performs a digital rectal exam. Medicare covers both of these tests so that prostate cancer can be detected and treated.

Who is covered?

All men with Medicare over age 50 (coverage for this test begins the day after your 50th birthday).

How often is it covered?

- Digital Rectal Examination—Once every 12 months.
- PSA Test—Once every 12 months.

Your costs if you have Original Medicare.

Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There is no coinsurance and no Part B deductible for the PSA Test.

Are you at high risk for prostate cancer?

Risk for prostate cancer increases with age. About two out of three prostate cancers are found in men over age 65. While all men are at risk for prostate cancer, your risk increases if any of the following are true:

- You have a father, brother or son who has had prostate cancer, especially if your relatives were young when they got the disease.
- You are African-American. Prostate cancer is more common in this group for unknown reasons.

You may also be at risk for prostate cancer if you eat a lot of red meat or high-fat dairy products.



Shots (Flu, Pneumococcal, Hepatitis B)

Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person. All people age 65 and older should get flu and pneumococcal shots. People with Medicare who are under age 65 but have chronic illness, including heart disease, lung disease, diabetes, or End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

Flu Shot

Who is covered?

All people with Medicare.

How often is it covered?

Once a flu season, in the fall or winter.

Your costs if you have Original Medicare.

You pay nothing if your doctor or health care provider accepts assignment.

Pneumococcal Shot

Who is covered?

All people with Medicare.

How often is it covered?

Most people only need this shot once in their lifetime.

Your costs if you have Original Medicare.

You pay nothing if your doctor or health care provider accepts assignment.



Shots (Flu, Pneumococcal, Hepatitis B) (continued)

Hepatitis B Shots

Who is covered?

Certain people with Medicare whose doctor says they are at medium or high risk for Hepatitis B.

How often is it covered?

Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

Your costs if you have Original Medicare.

You pay nothing if your doctor or health care provider accepts assignment.

Are you at medium or high risk for Hepatitis B?

The following are some of the factors that put you at medium or high risk for Hepatitis B:

- Hemophilia
- ESRD (End-stage renal disease)
- Certain other conditions that increase your risk for infection, such as if you live with someone who has Hepatitis B, or if you're a healthcare worker and have frequent contact with blood or body fluids.

Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you're at medium or high risk for Hepatitis B.



Bone Mass Measurements

Medicare covers bone mass measurements to see if you're at risk for broken bones. People are at risk for broken bones because of osteoporosis. Osteoporosis is a disease in which your bones become weak and brittle. In general, the lower your bone density, the higher your risk for a fracture. Bone mass measurement test results will help you and your doctor choose the best way to keep your bones strong.

Who is covered?

Bone Mass Measurements are covered if medically necessary for certain people with Medicare whose doctors say they are at risk for osteoporosis, and have one of the medical conditions listed below:

- A woman whose doctor or health care provider says she is estrogen-deficient and at risk for osteoporosis, based on her medical history and other findings
- A person with vertebral abnormalities as demonstrated by an X-ray
- A person receiving steroid treatments
- A person with hyperparathyroidism
- A person taking an osteoporosis drug

How often is it covered?

Once every 24 months (more often if medically necessary).

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for this test if your doctor accepts assignment.



Diabetes Screening, Supplies, and Self-Management Training

Diabetes is a medical condition in which your body doesn't make enough insulin, or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level isn't good for your health. Medicare covers a blood screening test to check for diabetes for people at risk. For people with diabetes, Medicare covers certain supplies and educational training to help manage their diabetes.

Diabetes Screening (Fasting Blood Glucose Test)

Who is covered?

People who are at risk for diabetes.

How often is it covered?

Based on the results of your screening tests, you may be eligible for up to two diabetes screenings per year.

Your costs if you have Original Medicare.

You pay nothing if your doctor or health care provider accepts assignment.

Are you at high risk for diabetes?

You're considered at high risk if you have high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar (glucose). Medicare also covers these tests if you answer "yes" to two or more of the following questions:

- Are you age 65 or older?
- Are you overweight?
- Do you have a family history of diabetes (parents, brothers, or sisters)?
- Do you have a history of gestational diabetes (diabetes during pregnancy), or have you had a baby weighing more than 9 pounds?



Diabetes Screening, Supplies, and Self-Management Training (continued)

Diabetes glucose monitors, test strips, and lancets

Who is covered?

All people with Medicare who have diabetes.

Your costs if you have Original Medicare.

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Diabetes Self-Management Training

Who is covered?

This training is for people with diabetes to teach them to manage their condition and prevent complications. You must have a written order from a doctor or other health care provider.

Your costs if you have Original Medicare.

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.



Medical Nutrition Therapy

Medicare may cover medical nutrition therapy if you have diabetes or kidney disease, and your doctor refers you for this service. These services can be given by a registered dietitian or Medicare-approved nutrition professional and include a nutritional assessment, and counseling to help you manage your diabetes or kidney disease.

Who is covered?

Certain people who have any of the following:

- Diabetes
- Renal disease (people who have kidney disease, but aren't on dialysis)
- Had a kidney transplant within the last 3 years

Your doctor needs to refer you for this service.

How often is it covered?

Medicare covers 3 hours of one-on-one counseling services the first year, and 2 hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's referral. A doctor must prescribe these services and renew your referral yearly if continuing treatment is needed into another calendar year.

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for these services if the doctor accepts assignment.

For more information about Diabetes and Medical Nutrition Therapy

Visit www.medicare.gov/publications to view the booklet "Medicare Coverage of Diabetes Supplies & Services."

You can also call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.



Glaucoma Tests

Glaucoma is an eye disease caused by high pressure in the eye. It can develop gradually without warning and often without symptoms. The best way for people at high risk for glaucoma to protect themselves is to have regular eye exams.

Who is covered?

People with Medicare whose doctor says they are at high risk for glaucoma.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare.

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Are you at high risk for glaucoma?

Your risk for glaucoma increases if any of the following are true:

- You have diabetes.
- You have a family history of glaucoma.
- You are African-American and age 50 or older.
- You are Hispanic and age 65 or older.



Tobacco Use Cessation Counseling

The U.S. Surgeon General has reported that quitting smoking and stopping tobacco use leads to significant risk reduction for certain diseases and other health benefits, even in older adults who have smoked for years. Any person who uses tobacco can get counseling from a “qualified doctor or other Medicare-recognized practitioner” who can help them stop using tobacco.

Who is covered?

Medicare covers these counseling sessions as a preventive service if you haven’t been diagnosed with an illness caused by tobacco use.

How often is it covered?

Medicare will cover up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for the counseling sessions.

Ask your doctor about Medicare-covered tobacco cessation programs near you, or visit www.nih.gov for more information about stopping tobacco use.



HIV Screening

Medicare covers HIV (Human Immunodeficiency Virus) screening for pregnant women, and people at increased risk for the infection including anyone who asks for the test.

How often is it covered?

Medicare covers this test once every 12 months, or up to 3 times during a pregnancy.

Your costs if you have Original Medicare.

You pay nothing for the test, but you generally have to pay your doctor 20% of the Medicare-approved amount for your doctor’s visit.

SECTION

For More Information

3

For more information about Medicare Preventive Services

You can learn more about Medicare's preventive services by visiting www.medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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Preventive Services Checklist

Keep track of the preventive services you need by using the chart below. You can also visit www.MyMedicare.gov to track your preventive services, get a two-year calendar of the Medicare-covered tests and screenings you're eligible for, and print a personalized "on the go" report to take to your next doctor's appointment.

Medicare-Covered Preventive Service	I Need (Yes/No)	Last Received	Up-to-date (Yes/No)	Next Date Medicare Covers this Service
Abdominal Aortic Aneurysm Screening				
Bone Mass Measurement				
Cardiovascular Screenings				
Colorectal Cancer Screenings				
Fecal Occult Blood Test				
Flexible Sigmoidoscopy				
Colonoscopy				
Barium Enema				
Diabetes Screenings				
Diabetes Self-management Training				
Flu Shots				
Glaucoma Tests				
Hepatitis B Shots				
HIV Screening				
Mammogram (screening)				
Medical Nutrition Therapy Services				
Pap Test and Pelvic Exam (includes breast exam)				
Physical Exams				
One-time "Welcome to Medicare" physical exam				
Yearly "Wellness" exam				
Pneumococcal Shot				
Prostate Cancer Screenings				
Tobacco Use Cessation Counseling				

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